

"Indian Country" * Information Inquiry

Issued under authority of P.A. 327 of 1993, as amended; P.A. 150 of 1927, as amended; and P.A. 167 of 1933, as amended. Filing is voluntary; however, this form must be filed to receive consideration for refunds of tobacco products tax, Motor Fuel tax or Sales tax.

Federal Employer Identification No. (If you do not have a FEIN, a number will be assigned to you.)

1. Name of Tribe (whose "Indian Country" * the business is located in)
2. Name of Business
3. Name of Owner (Officer if a corporation)
4. Address where legal contact should be made (enter number and street)
5. City, State, Zip Code
6. Address of the actual location of the business in Michigan and within "Indian Country" * (enter number and street; can not be a P.O. Box Number)
7. City, State, Zip Code
8. Legal Physical Description of property in Michigan and within "Indian Country" *

CERTIFICATION

☐ By checking this box and signing below, I hereby certify that the business identified on this form is located within the "Indian Country" of the tribe identified on line 1.

9. Type or Print Name	Title	Date
Signature		Telephone Number

Where the retail business is owned by a federally recognized Indian Tribe, the signing of this form shall not be construed to represent any concession of existing sovereignty.

* "Indian Country" as defined in 18 USCS Section 1151.

Send completed forms to:

Michigan Department of Treasury
Customer Contact
Tobacco Taxes Unit
Lansing, MI 48901

Questions? Call (517) 636-4630. Forms can also be faxed to (517) 636-4631.